

Hospital / Clinic : <i>King Faisal Hospital Taif</i>	Telephone :	Date <i>26-7-18</i>	Invoice#:
Address	Fax :	<input type="checkbox"/> PPM	
	P.O. #:	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : *Gyc 1000* Serial #: *12844* Description *Laser*

Problem / Error :

3PM

Work Report :

*3PM is done as per check list,
machin's working good.*

Optical <input type="checkbox"/>	Ophtha <input type="checkbox"/>	Derma <input type="checkbox"/>	ENT <input type="checkbox"/>	Ortho <input type="checkbox"/>	Neuro <input type="checkbox"/>	General <input type="checkbox"/>
Qty.	Part Description					Part #

Warranty Period: Invoice #

	Acceptance Date		1st PM		2nd PM		3rd PM		4th	
	/	/	/	/	/	/	/	/	/	/
Date										

Travel Time Working Time Expenses

Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date		Total

<i>20/7/18</i>	<i>20/7/18</i>	<i>20/7/18</i>	<i>20/7/18</i>
Total Travel	Total Work	Total Expenses:	
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date :	
Enclosed		Stamp :	
Engineer		Signature :	



(Hotline 9200 - Amico / 9200-26426)

Head Office: Jeddah : Riyadh Branch : Al-Khobar Branch : Al-Madina Branch : Abha Branch : Hail Branch :
P.O.Box 3871 Jeddah 21481 - KSA P.O. Box 55177, Riyadh 11534, KSA P.O. Box 30047, Al Khobar 31952 - KSA P.O. Box 2870, Madina - KSA Al Rajhi Center - Khalidiya - Abha - KSA Hail - KSA

Hospital / Clinic : <i>King Faisal Hospital Taif</i>		Telephone :	Date : <i>21-4-18</i>	Invoice#:											
Address		Fax :	<input type="checkbox"/> PPM												
		P.O. # :	<input type="checkbox"/> Installation												
		Received thru:	<input type="checkbox"/> Warranty												
		SAP Service Call #:	<input type="checkbox"/> Contract												
Contact Person :			<input type="checkbox"/> Paid Service												
Model : <i>Simplex</i>		Serial #: <i>W123</i>	Description <i>Unit</i>												
Problem / Error : <i>PPM</i>															
Work Report : <i>PPM is done as per checklist</i> <i>Machine is working good.</i>															
<input type="checkbox"/> Optical <input checked="" type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General															
Qty.	Part Description				Part #										
Warranty Period:					Invoice #										
	Acceptance Date		1st PM	2nd PM	3rd PM										
	<i>1 / 20</i>		<i>1 / 20</i>	<i>1 / 20</i>	<i>1 / 20</i>										
Date			<i>1 / 20</i>	<i>1 / 20</i>	<i>1 / 20</i>										
Travel Time			Working Time			Expenses									
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date		Total	
<i>2018-04-21</i>	<i>King Faisal Hospital</i>	<i>King Faisal Hospital</i>				<i>2018-04-21</i>	<i>King Faisal Hospital</i>	<i>King Faisal Hospital</i>				<i>2018-04-21</i>			
<i>Total Travel</i>						<i>Hotel Work</i>						<i>Total Expenses:</i>			
Work Complete		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		Note : Customer Engineer						Date :			
Need Follow-up		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>								Stamp :			
Enclosed														Signature :	
Engineer														<i>R...</i>	

(Hotline 9200 - Amico / 9200-26426)
Al-Khabar Branch : Al-Madina Branch : Al-Abha Branch :

Head Office: Jeddah :

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